

Arlington Police - Safe Watch Program



The Arlington Police is committed to the safety of our residents. Our Safe Watch Program is designed for all residents with a disability or medical condition that would cause them to wander from their safe environment. Safe Watch is designed to proactively gather pertinent and recent information on the individual in the event they should go missing. This will allow for an immediate, informed search, deploying resources constructively, with the best chance of returning them to their safe environment as quickly as possible. Responsible family members are encouraged to make use of this program by filling out this form and updating it with the Police Department as necessary.

Subject's Profile

Last Name _____ First Name _____ Date of Birth _____
Address _____ Town _____ County _____
Current Physical Description _____
Gender _____ Height _____ ft _____ inches _____ Weight _____ Eye Color _____ Hair Color _____
Identifying Marks/Items (e.g., tattoos, birthmarks) _____
Phone Number & Phone Provider (e.g., T-Mobile) _____

Medical Conditions

Autism Deaf Diabetes Mental Health Issues Blind Dementia / Alzheimer's
 Other developmental disability Nonverbal Physical disability Seizures Brain injury

Prescription medications and frequency _____

Treatment or medical procedures to avoid _____

Notes

Sensory or dietary issues; any other relevant medical issues _____
Is he / she likely to wander away? _____
Habits / Preferences _____
Favorite attractions or places _____
Distinguishing behaviors / Signs of distress _____
Favorite objects, toys, topics, likes or dislikes _____
Effective approach and de-escalation techniques _____
Preferred communication method (e.g., if non-verbal, sign language, pictures, printed words) _____

Emergency Contact

Primary Contact Name (parents / guardians / care providers) _____
Address _____ Town _____ County _____
Home Phone _____ Work Phone _____ Cell _____
TTD / TTY _____ Other _____

Alternate Contact Name

Home Phone _____ Work Phone _____ Cell _____
TTD / TTY _____ Other _____

Alternate Contact Name #2

Home Phone _____ Work Phone _____ Cell _____
TTD / TTY _____ Other _____

Additional Notes

*Please bring this form(s) along with a recent photo, to the Arlington Police Department, 112 Mystic st, Arlington or email them both to cnahigian@town.arlington.ma.us. * BY SIGNING THIS FORM AS THE PARENT/CAREGIVER/GUARDIAN/RELATIVE I GIVE CONSENT FOR APP TO RETAIN AND DISTRIBUTE THIS INFO AS NEEDED. DO NOT FILL OUT THIS FORM IF YOU DO NOT WANT IT DISTRIBUTED.